990

### EXTENSION GRANTED TO 11/16/15

#### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

2014 Open to Public

OMB No 1545-0047

Form Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2044 calendar year, or tax year beginning and ending C Name of organization D Employer Identification number Check if applicable X Address change ONE NATION Doing business as 27-1937961 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone numbe 617-285-3994 700 S WASHINGTON STREET, SUITE 310 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated ALEXANDRIA 22314 G Gross receipts \$ Amended return Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Yes BARRY BENNETT 700 S WASHINGTON STREET, SUITE 310 Yes H(b) Are all subordinates included? If "No," attach a list (see instructions) ALEXANDRIA 22314 VA X 501(c) **4** ) **◀** (insert no ) 501(c)(3) 527 http://www.onenationamerica.org/ H(c) Group exemption number X Corporation Trust 2010 VA Association Year of formation Form of organization M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities THE CORPORATION IS ESTABLISHED PRIMARILY FOR THE PURPOSE OF EDUCATING THE Activities & Governance PUBLIC AND POLICY MAKERS ON CONSERVATIVE DEMOCRATIC PRINCIPLES WITHIN THE MEANING OF INTERNAL REVENUE CODE SECTION 501(C)(4). 2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 2 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7b b Net unrelated business taxable income from Form 990-T, line 34 Pnor Year Current Year 0 8 Contributions and grants (Part VIII, line 1h) 0 Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 39,192 2,616 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 39,192 2,616 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -39,192 -2 616 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 296 680 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 4,296 680 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, Lectare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign of officer CALEB CROSBY TREASURER Here Type or print name and title Print/Type preparer's name PTIN Paid TERENCE P. O'CONNOR, CPA self-employed P01585792 Preparer O'Connor & Desmarais P 54-1250570 Firm's name Firm's EIN ▶ **Use Only** 6720 Curran Street 703-448-0464 McLean, VA 22101 Firm's address Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

orm 9	990 (2014)	ONE	NATION			27-1937961				Page	e <b>2</b>
	t III	Statem	ent of Program	Service Accomp						, <u>- a</u> ,	<del></del>
4					or note to any	line in this Part III					
TI PU	BLIC	RPORA AND	POLICY MAI	STABLISHED :	SERVATIVE	FOR THE PURPO DEMOCRATIC PR 501(C)(4).					
	Did the org			ficant program service	s during the year w	hich were not listed on the		—— П v	⁄es	X	4o
			nese new services or								
	services?			or make significant cha	nges in how it cond	ducts, any program			es/	XΝ	10
4	Describe ti expenses	ne organi Section	501(c)(3) and 501(c)	vice accomplishments	equired to report the	e largest program services, a e amount of grants and alloca					
EI PI		ING I		AND POLICY		\$ N CONSERVATIVE OF INTERNAL RE		ECTI	ON		
4b	(Code	)	(Expenses \$		including grants of	\$	) (Revenue \$				
4c	(Code	•	) (Expenses \$		including grants of	\$	) (Revenue \$				)
4d	Other prog	ram sen	vices (Describe in Sc	•					<u>.</u>		_
4e	(Expenses Total prog	_	ice expenses >	including grants of	\$ 440	) (Revenue \$					

# Form 990 (2014) ONE NATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	_5_		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		₹.
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	_		v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		х
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable			f
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	х	
	complete Schedule D, Part VI  Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	I I a		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
٠	of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		ļ	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			l
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<b>.</b>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<del>                                     </del>	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		x
20-	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	<del>                                     </del>	<del>  ^</del>
	100 10 mile 200, and the differential distance deept of its addited infational statements to this lettern.	~~		

# Form 990 (2014) ONE NATION Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		ł	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	Î		
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	251		x
00	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	20	- {	X
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	İ	x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-39 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<u>35b</u>		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			7.7
	Part VI	_37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
	19? Note. All Form 990 filers are required to complete Schedule O	_38	990	<u></u>
		Eα	m 3131	J /20141

Form	n 990 (2014) ONE NATION 27-1937961		F	Page (
	art V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1
	reportable gaming (gambling) winnings to prize winners?	1c	ļ	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		1	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<del> </del>	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<u>3b</u>	<del> </del>	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	-	X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR)	_		₹.,
5a		5a	<del> </del>	X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	+ -	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	+	$\vdash$
6a	73	6-	x	
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<del>  ^</del> -	<del> </del>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b	x	
7	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(a)	60	1	<del>                                     </del>
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
а	and services provided to the payor?	7a	1	Ī
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1,0		†
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	j? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	<u> </u>
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	
10	Section 501(c)(7) organizations. Enter			1
а	Initiation fees and capital contributions included on Part VIII, line 12			-
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			Į.
11	Section 501(c)(12) organizations. Enter			1
а	Gross income from members or shareholders			Į
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them )			1
12a		<u>12a</u>	<del> </del>	<del> </del>
42 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  [25]			I
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	422	+	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schoolile O.	13a	+	<del> </del>
h	Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which			1
b	the organization is licensed to issue qualified health plans			I
С	Enter the amount of reserves on hand			1
14a		14a	1	X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	<del>                                     </del>	T-

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Pa	rt VI Governance, Management, and Disclosure	For each "Yes" response to lines 2 thro	ugh 7b below, a	and for a "N		<u> </u>
	response to line 8a, 8b, or 10b below, describe the	circumstances, processes, or changes	in Schedule O	See instruc	tions	
	Check if Schedule O contains a response or note to					X
Sec	tion A. Governing Body and Management					-137-
					Yes	No
1a	Enter the number of voting members of the governing body at the end	l of the tax year	1a   2			1
	If there are material differences in voting rights among members of the	•				Ī
	if the governing body delegated broad authority to an executive comm					İ
	committee, explain in Schedule O		1 1			İ
b	Enter the number of voting members included in line 1a, above, who	are independent	1b 2			l
2	Did any officer, director, trustee, or key employee have a family relation					ŧ
_	any other officer, director, trustee, or key employee?	morn of a basiness relationship with		2		x
3	Did the organization delegate control over management duties custon	parily performed by or under the direct		-		
•	supervision of officers, directors, or trustees, or key employees to a m	• •		3		x
4	Did the organization make any significant changes to its governing do	• • • •		4	_	X
5		•		5		x
_	Did the organization become aware during the year of a significant div	reision of the organization's assets?		6		X
6	Did the organization have members or stockholders?			-8-		
7a	Did the organization have members, stockholders, or other persons w	no had the power to elect or appoint				x
	one or more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subj	ect to approval by) members,				37
_	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held	or written actions undertaken during the year	r by the following		7,7	ŧ
а	The governing body?			8a	X	<del>-</del>
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VI					
	the organization's mailing address? If "Yes," provide the names and a			9	_	X
<u>Sec</u>	tion B. Policies (This Section B requests information al	oout policies not required by the Int	ernal Revenue	e Code )		
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		·X
b	If "Yes," did the organization have written policies and procedures government	verning the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with	the organization's exempt purposes?		10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all	members of its governing body before filing	the form?	11a	X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization	to review this Form 990				ŧ
12a	Did the organization have a written conflict of interest policy? If "No," of	go to line 13		12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to d	isclose annually interests that could give rise	to conflicts?	12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce co	ompliance with the policy? If "Yes,"				
	describe in Schedule O how this was done			12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>
14	Did the organization have a written document retention and destruction	n policy?		14	X	<u> </u>
15	Did the process for determining compensation of the following person	s include a review and approval by				
	independent persons, comparability data, and contemporaneous subs	stantiation of the deliberation and decision?				1
а	The organization's CEO, Executive Director, or top management offic	ıal		15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see in	nstructions)				
16a	Did the organization invest in, contribute assets to, or participate in a	oint venture or similar arrangement				l
	with a taxable entity during the year?	·		16a		x
b	If "Yes," did the organization follow a written policy or procedure requi	ring the organization to evaluate its				
_	participation in joint venture arrangements under applicable federal ta			•		
	organization's exempt status with respect to such arrangements?	x law, and take clope to ballogual a the		16b		İ
500	tion C. Disclosure			100		<u> </u>
17		d ▶ None				
18	List the states with which a copy of this Form 990 is required to be file		1/0//3/2 00/4			
10	Section 6104 requires an organization to make its Forms 1023 (or 103	, ,	rtojtoja oriiy)			
	available for public inspection. Indicate how you made these available	<del>-</del>				
	Own website Another's website X Upon request	Other (explain in Schedule O)	-1 lan			
19	Describe in Schedule O whether (and if so, how) the organization man	de its governing documents, conflict of intere	si policy, and			
00	financial statements available to the public during the tax year		. <b>.</b>			
20 m	State the name, address, and telephone number of the person who p	•				
		WASHINGTON ST., SUITE 31 VA 22		617-28	<b>5</b> - 7	0004
A.	LEXANDRIA	VA ZZ	J 1 4	01/72B	J-3	フゴ4

Form 990 (2014)	ONE	NATION
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the orga	nization nor any	relate	ed or	ganı	zatio	n cor	mper	nsated any current officer, d	rector, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unli ficer a	Pos check ess pe	rson i	han both trust Highest compensated employee	an ee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)BARRY BENNETT	10.00	-								
PRESIDENT & DIRECTOR	10.00	x		x				o	0	0
(2) CALEB CROSBY										
TREASURER	10.00	x		x				o	0	o
(3)	0.00			1						
(4)					ļ					
(5)				_						
(6)			-							
(7)										
(8)									-	
(9)										
(10)				_						
(11)			-							
DAA						<u></u>				Form <b>990</b> (2014)

<u>Pa</u>	rt VII Section A. Officers	, Directors, Tru	stee	s, Ke	y E	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)				
	(A). Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F Estim: amoui othi compen from		ted t of r sation	
		related organizations below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiza and rela organiza	ated	
(12)														
(13)														
(14)														
(15)				-								<del></del>		
(16)														
(17)														
(18)														
(19)														-
1b c	Sub-total  Total from continuation shee	ets to Part VII, S	ecti	on A		·	<u> </u>	<b>&gt;</b>						
d 	Total (add lines 1b and 1c)  Total number of individuals (increportable compensation from				ose	liste	d abo	ove)	who received more than \$1	00,000 of	<u> </u>			
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Schedu	ıle J	for s	uch	ndıv	idual		,		[	3	Yes	No X
4	For any individual listed on line organization and related organ individual	izations greater t	han s	\$150	,000	? If "	Yes,	" COI	mplete Schedule J for such			4		х
5 Sect	Did any person listed on line 1a for services rendered to the or- ion B. Independent Contracto	ganization? If "Ye	ue co es," c	ompe	nsat lete	ion f Sche	rom edule	any J fo	unrelated organization or in or such person	dividual 	. <u>-</u>	5		х
1	Complete this table for your fiv compensation from the organization	e highest compe zation Report co							ir year ending with or within	the organization's tax year				
	Name and	(A) I business address						_	Descrip	(B) otion of services		Co	(C) mpensat	nou
									<u> </u>					
								_						
2	Total number of independent or received more than \$100,000								e listed above) who	0				

Pa	rt V	III Staten Check	nent of Reve of Schedule		ıns a re	sponse o	r note to any line	in this Part VIII		П
		•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated cam	npaigns	1a	-					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership di	-	1b						
S,E	С	Fundraising ev	ents	1c						
art.	d	Related organi		1d						
s, C	е	Government grants (		1e						
ion I SI	f	All other contribution	s, gifts, grants,							
but		and similar amounts	not included above	1f		į.				
d Offi	g	Noncash contribution	ns included in lines 1a-	1f \$						
Co	h	Total. Add line	s 1a-1f							
Program Service Revenue						Busn Code				
ven	2a									
Re	b									
/ICe	С									
Sen	d									
ᇤ	е									
ogra	f	All other progra	am service revei	nue						
4	g	Total. Add line	s 2a-2f			<b></b>				
	3	Investment inc	ome (including o	lividends,	ınterest,					
		and other simil	ar amounts)			▶ .				
	4	Income from in	vestment of tax	exempt b	ond proc	eeds 🕨				
	5	Royalties				<b>•</b>				
			(ı) Real		(II) Per	rsonal				f <b>-</b>
	6a	Gross rents								
	b	Less rental exps								Ė
	С	Rental inc or (loss)								
	_d	Net rental inco	me or (loss)			<b>•</b>				
	7a	Gross amount from sales of assets	(ı) Secunties		(II) O	ther				
		other than inventory								
	b	Less cost or other								Ē
		basis & sales exps								j E
	С	Gain or (loss)						<u> </u>		É
	d	Net gain or (los	ss)	_				-		
e	8a	Gross income fro	m fundraising eve	nts						ĺ
nu.		(not including \$				ł				į
ě		of contributions r	eported on line 1c)							Ĺ
F		See Part IV, line	18	a				•		Ė
Other Revenue		Less direct ex		b						
٥			(loss) from fund		ents		·			
	9a		m gaming activitie	s				I .		
		See Part IV, line		a				‡ ‡		
	ľ	Less direct ex		b				<b>‡</b>		
	i e		(loss) from gam	ıng act <u>ıvıtı</u>	es					
	10a	Gross sales of	•					<b>‡</b>		
		returns and all		a				<b>.</b>		
		Less cost of g		b [				<b></b>		ĺ
	С		(loss) from sale	s of invent	tory	•				
	4.		cellaneous Revenue			Busn Code		ŧ	]	Ė
	11a				⊢	<del></del>	-			
	b				}					
	ر ا	All ather rever								
	d	All other reven Total, Add line			L	<b>•</b>				
	J		:s 11a-110 :. See instruction	ne			0	0	0	0
	4		・・ こしし いっさいひしけい				•		. •	,

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	. Check if Schedule O contains a response	onse or note to any line in th	is Part IX		. Check if Schedule O contains a response or note to any line in this Part IX									
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses									
1	Grants and other assistance to domestic organizations													
	and domestic governments. See Part IV, line 21													
2	Grants and other assistance to domestic													
	individuals See Part IV, line 22													
3	Grants and other assistance to foreign				***************************************									
	organizations, foreign governments, and foreign													
	individuals See Part IV, lines 15 and 16													
4	Benefits paid to or for members													
5	Compensation of current officers, directors,													
	trustees, and key employees			!										
6	Compensation not included above, to disqualified													
	persons (as defined under section 4958(f)(1)) and													
	persons described in section 4958(c)(3)(B)													
7	Other salaries and wages													
8	Pension plan accruals and contributions (include		<u></u>											
	section 401(k) and 403(b) employer contributions)													
9	Other employee benefits													
10	Payroll taxes													
11	Fees for services (non-employees)													
а	Management													
b	Legal		····											
С	Accounting	1,856		1,856										
d	Lobbying													
е	Professional fundraising services See Part IV, line 17													
f	Investment management fees													
g	Other (If line 11g amount exceeds 10% of line 25, column													
	(A) amount, list line 11g expenses on Schedule O)													
12	Advertising and promotion	440	440		-									
13	Office expenses	440	440											
14	Information technology													
15	Royalties		<del></del>											
16	Occupancy													
17	Travel				_									
18	Payments of travel or entertainment expenses													
40	for any federal, state, or local public officials				<del>-</del>									
19	Conferences, conventions, and meetings													
20 21	Interest Payments to affiliates													
22	Depreciation, depletion, and amortization	238		238										
23	Insurance													
24	Other expenses Itemize expenses not covered				,									
	above (List miscellaneous expenses in line 24e. If													
	line 24e amount exceeds 10% of line 25, column													
	(A) amount, list line 24e expenses on Schedule O)													
а	BANK FEES	82		82										
b														
С														
d														
е	All other expenses													
25	Total functional expenses. Add lines 1 through 24e	2,616	440	2,176	0									
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)													

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 3,465 1 1,087 Cash-non-interest bearing 1 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or <u>3,4</u>00 other basis Complete Part VI of Schedule D 10a 831 593 10b 10c b Less accumulated depreciation 11 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 Investments-program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 4,296 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 0 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 4,296 1,680 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 4,296 1,680 33 33 Total net assets or fund balances 4,296 Total liabilities and net assets/fund balances

orm	1 990 (2014) ONE NATION	27-1937961		_	Pa	ge 12
Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any	y line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1			
2	Total expenses (must equal Part IX, column (A), line 25)		2		2,	616
3	Revenue less expenses Subtract line 2 from line 1		3		-2,	616
4	Net assets or fund balances at beginning of year (must equal Part X, line	33, column (A))	4		4,	296
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (m	ust equal Part X, line				
	33, column (B))		10		1,	680
Pa	art XII Financial Statements and Reporting				-	
	Check if Schedule O contains a response or note to any	y line in this Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash	Accrual Other		_		
	If the organization changed its method of accounting from a prior year or o	checked "Other," explain in				
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an i	independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for	or the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolida	ted and separate basis				
b	Were the organization's financial statements audited by an independent a	ccountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for	or the year were audited on a				
	separate basis, consolidated basis, or both					İ
	Separate basis Consolidated basis Both consolida	ted and separate basis			:	l
С	If "Yes" to line 2a or 2b, does the organization have a committee that assu	umes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection	on of an independent accountant?		2c		
	If the organization changed either its oversight process or selection proce	ss during the tax year, explain in				
	Schedule O					
За	As a result of a federal award, was the organization required to undergo a	in audit or audits as set forth in		Ì		
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the o	rganization did not undergo the				_
	required audit or audits, explain why in Schedule O and describe any step			3b		
				For	m 99	0 (2014)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

DAA

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.qov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

0	NE NATION		27-19	937961
	ort I Organizations Maintaining Donor Advised Fu	inds or Other Similar Funds or A		
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 6		
		(a) Donor advised funds	(b	) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			· <del></del>
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised		
	funds are the organization's property, subject to the organization's exclu-	isive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pi	art II Conservation Easements.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	rtant land a	irea
	Protection of natural habitat	Preservation of a certified historic	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conserva-	tion	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure inclination	uded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/6	06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	inguished, or terminated by the organization	during the	
	tax year ▶			
4	Number of states where property subject to conservation easement is le	ocated >		
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the year		
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	onservation easements during the year		
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easeme	ents in its revenue and expense statement, a	ind	
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that descr	ribes the	
	organization's accounting for conservation easements			
Pa	organizations Maintaining Collections of Art		imilar A	ssets.
	Complete if the organization answered "Yes" to	<del></del>		<del></del>
та	If the organization elected, as permitted under SFAS 116 (ASC 958), no		_	
	works of art, historical treasures, or other similar assets held for public		nce of	
	public service, provide, in Part XIII, the text of the footnote to its financia		-14	
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to			
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of	
	public service, provide the following amounts relating to these items			e
	(i) Revenues included in Form 990, Part VIII, line 1		<b>P</b>	\$
•	(ii) Assets included in Form 990, Part X	other similar essets for financial and a second	• the	\$
2	If the organization received or held works of art, historical treasures, or	- ·	e ine	
_	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items	<b>.</b>	<b>c</b>
a	Revenue included in Form 990, Part VIII, line 1		<b>P</b>	\$ \$
For	Assets included in Form 990, Part X Paperwork Reduction Act Notice, see the Instructions for Form 990			Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 ONE NATI					937961	Page <b>2</b>
Part III Organizations Maintainir	g Collections of	Art, Historical T	reasures,	or Other	Similar Asse	ts (continued)
3 Using the organization's acquisition, accessi collection items (check all that apply)						
a Public exhibition	d 🗍	Loan or exchange pro	ograms			
b Scholarly research	е 🗍	Other	<b>3</b>			
c Preservation for future generations						
4 Provide a description of the organization's co	ollections and explain t	now they further the or	oanization's e	vemnt nurr	oose in Part	
XIII	one of the orbitality	ion they latered the or	gamzanorro c	Acmpt purp	JOSE IIII dit	
5 During the year, did the organization solicit of	r receive donations of	art historical treasure	e ar other ein	oular		
assets to be sold to raise funds rather than t				illai		Yes No
Part IV Escrow and Custodial Ar	rangements.			···		
Complete if the organization 990, Part X, line 21	n answered "Yes'	' to Form 990, Pa	rt IV, line 9	, or repo	rted an amoun	t on Form
1a Is the organization an agent, trustee, custod	an or other intermedia	ry for contributions or	other assets r	not		
included on Form 990, Part X?		•				Yes No
b If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table				
		g table				Amount
c Beginning balance					1c	
d Additions during the year					1d	<del></del>
<u> </u>						
e Distributions during the year					1e	
f Ending balance					1f	<u> </u>
2a Did the organization include an amount on F				•		∐ Yes ∐ No
b If "Yes," explain the arrangement in Part XIII	Check here if the exp	lanation has been pro-	vided in Part	XIII		
Part V Endowment Funds.	1 175 4	=		_		
Complete if the organization	n answered "Yes"	to Form 990, Pa	rt IV, line 1	0		
	(a) Current year	(b) Pnor year	(c) Two ye	ars back	(d) Three years bac	k (e) Four years back
1a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and						
losses						
d Grants or scholarships						
e Other expenditures for facilities and					-	
programs						
f Administrative expenses						
			<del></del>			
• ,	reat year and belease	(line 1a, estima (s)) h	old on			
2 Provide the estimated percentage of the cur	•	(line 1g, column (a)) n	eiu as			
a Board designated or quasi-endowment ►	%					
b Permanent endowment ▶ %						
c Temporarily restricted endowment ▶	%					
The percentages in lines 2a, 2b, and 2c sho	•					
3a Are there endowment funds not in the posse	ssion of the organizati	on that are held and a	dministered fo	or the		
organization by						Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations						3a(ıi)
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?						3b
4 Describe in Part XIII the intended uses of the	e organization's endow	ment funds				
Part VI Land, Buildings, and Equ	ipment.					
Complete if the organization		to Form 990, Pa	rt IV, line 1	1a See	Form 990, Parl	t X, line 10
Description of property	(a) Cost or other		other basis		Accumulated	(d) Book value
	(investment)		her)	1	epreciation	
1a Land						
b Buildings		+		<del>                                     </del>		
-		<del></del>		<del> </del>	<del></del>	
c Leasehold improvements				<del>                                     </del>		
d Equipment	<del></del>	+	2 400	<del> </del>	2 007	
e Other		( (2) )	3,400	L	2,807	593
Total. Add lines 1a through 1e (Column (d) must	equal Form 990, Part X	k, column (B), line 10c	)	_		593

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes"	to Form 990 Part IV line 1	1b See Form 990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial of			
	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	(h) much asset Ferry 200, Best V. and (B) has 40 ) h		
Part VIII	n (b) must equal Form 990, Part X, col (B) line 12 ) ► Investments—Program Related.		
Part VIII	Complete if the organization answered "Yes"	to Form 000 Port IV line 1	1a Saa Farm 000 Part V June 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
	(a) besulption of threatment	(b) Book value	Cost or end-of-year market value
(1)			· · · · · · · · · · · · · · · · · · ·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col_(B) line 13 ) ▶		
Part IX	Other Assets.	<u></u>	
	Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1d See Form 990, Part X, line 15
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		· · · · · · · · · · · · · · · · · · ·	
	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1e or 11f See Form 990, Part X,
	line 25	(A) Post value	
1.	(a) Description of liability	(b) Book value	
	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			`
(7)			`
(8)			
(9)	n (h) must equal Form 000. Book V. act. (B) line 25 \ h		
	un (b) must equal Form 990, Part X, col. (B) line 25.) ▶ uncertain tax positions. In Part XIII, provide the text of the f	notnote to the organization's forces	ual etatements that reports the
	liability for uncertain tax positions under FIN 48 (ASC 740)	=	· · · · · · · · · · · · · · · · · · ·
organization S	mading for directain tax positions under FIN 40 (AGC 740)	CHECK HELE II THE TEXT OF THE 100 (U)	re nas peen provided in Fall Alli

<u>4a</u> 4b

4c

5

Part XIII Supplemental Information.

**b** Other (Describe in Part XIII )

c Add lines 4a and 4b

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

27-1937961

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Schedule D (Form 990) 2014 ONE NATION
Part XIII Supplemental Information (continued)

SCHEDULE O . (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

ONE NATION

Employer identification number 27-1937961

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE ORGANIZATION SHARES THE 990 WITH THE ORGANIZATION'S GOVERNING BODY FOR REVIEW BEFORE FILING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy THE ORGANIZATION REGULARLY AND CONSISTENTLY ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY ITS OUTSIDE COUNSEL MONITORING COMPLIANCE ON AN ONGOING BASIS AT THE ANNUAL BOARD OF DIRECTORS MEETING AND AS IT CONSIDERS ANY NEW TRANSACTIONS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

### COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

AT RICHMOND, SEPTEMBER 16, 2014

The State Corporation Commission has found the accompanying articles submitted on behalf of

One Nation (formerly Alliance For America's Future )

to comply with the requirements of law, and confirms payment of all required fees. Therefore, it is ORDERED that this

#### CERTIFICATE OF AMENDMENT

be issued and admitted to record with the articles of amendment in the Office of the Clerk of the Commission, effective September 16, 2014.

The corporation is granted the authority conferred on it by law in accordance with the articles, subject to the conditions and restrictions imposed by law.

STATE CORPORATION COMMISSION

Rν

Judith Williams Jagdmann Commissioner

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## COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

#### **ARTICLES OF AMENDMENT**

CHANGING THE NAME OF A VIRGINIA NONSTOCK CORPORATION
By Unanimous Consent of the Members or by the Directors Without Member Action

The undersigned, on behalf of the corporation set forth below, pursuant to § 13.1-888 of the Code of Virginia, executes these articles and states as follows:

1.	The current name of the corporation is
2.	The name of the corporation is changed to One Nation
3.	The foregoing amendment was adopted on 08/26/2014 (mark appropriate box):
	By the unanimous consent of the members with voting rights.
	<u>OR</u>
	By a vote of at least two-thirds of the directors in office. Member action on the amendment was not required because (mark appropriate box):
	There are no members;
	There are no members with voting rights.
<b>₹</b>	Recuted to the name of the corporation by:
<del></del>	(signature) (date)
E	Barry Bennett President & Director (corporate title)
0	7195621 (corporation's SCC ID no.) (telephone number (optionall)
	(components) (phonon))

(The execution must be by the chairman or any vice-chairman of the board of directors, the president, or any other of its officers authorized to act on behalf of the corporation.)

PRIVACY ADVISORY: Information such as social security number, date of birth, maiden name, or financial institution account numbers is NOT required to be included in business entity documents filed with the Office of the Clerk of the Commission. Any information provided on these documents is subject to public viewing.

SEE INSTRUCTIONS ON THE REVERSE

#### Resolution of the Board of Directors of Alliance For America's Future

#### August 24, 2014

BE IT RESOLVED, that the Board of Directors of Alliance For America's Future does hereby amend the organization's Articles of Incorporation such that the name of the corporation shall be One Nation.

Barry Bennett

Date

President & Director